

OAHU CANDIDATES-  
SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND CANDIDATES-  
SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION

DISCLOSURE REPORT  
CANDIDATE COMMITTEE

COPY

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR CANDIDATE COMMITTEES.")

SECTION I-CANDIDATE AND CANDIDATE COMMITTEE:

(a) Candidate Name:

ARVID TADAO YOUNGQUIST

(b) Committee Name:

ARVID FOR OHA

(c) Mailing Address:

P.O. Box 37542

Hon., HI 96837

(d) Phone (Bus.)

540-1910

(Res)

540-1910

Treasurer's

SECTION II-TYPE OF REPORT:

(See the Schedule of Reporting Dates to complete this section)

☐ 1st Preliminary Primary

☐ 2nd Preliminary Primary

☐ Final Primary

☐ Preliminary General

☒ Final Election Period

☐ Supplemental

☐ Amended

☐ Short Form<sup>1</sup>

☐ First

☐ Second

☐ Third

☐ Fourth

NOV 15 P1:15

RECEIVED

REPORTING PERIOD

July 25, '06 through Dec. 31, '06

SECTION III-SUMMARY OF RECEIPTS AND DISBURSEMENTS

(Complete Section IV on the Back of this Form Before Completing This Section)

Arvid T. Youngquist  
P.O. Box 37542  
Honolulu, HI 96837

COLUMN A

TOTAL THIS PERIOD

COLUMN B  
ELECTION PERIOD<sup>2</sup>  
TOTAL TO DATE

1. Cash on Hand at the Beginning of the Election Period <sup>2</sup> .....		
2. Cash on Hand at the Beginning of this Reporting Period.....	\$ 25,00	
3. Total Receipts (From Line 15).....	—	
4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B).....		
5. Total Disbursements (not including Unpaid Expenditures) (From Line 19).....	—	
6. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4)....	—	
7. Total Loans at the Closing of this Reporting Period.....	—	
8. Total Unpaid Expenditures at the Closing of this Reporting Period.....	—	
9. Debts Owed at the Closing of this Reporting Period (Add Lines 7 and 8).....	—	
10. Surplus/Deficit (Subtract Line 9 from Line 6).....	—	

I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

Arvid T. Youngquist Nov. 8, '06 Arvid T. Youngquist Nov. 8, '06  
Candidate Signature Date Treasurer Signature Date

<sup>1</sup> Short Form is checked if the candidate is filing a Preliminary, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or less.

<sup>2</sup> Short form reporting requires completion of only Section I, Section II, and Section III of this Disclosure Report.

An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if a candidate is seeking nomination or election to a four-year office.

**SECTION IV-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS**  
(If Necessary, Complete Schedules A through E Before Completing This Section)

RECEIPTS	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD TOTAL TO DATE	
11. Contributions From:			11
(a) Individuals/Other Entities/Noncandidate Committees/Political Parties			11(a)
(i) Monetary and Non-Monetary Contributions of \$100 or Less.....	-0-		11(a)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100.....	-0-		11(a)(ii)
(iii) Subtotal (Add Lines 11(a)(i) and 11(a)(ii)).....	-0-		11(a)(iii)
(b) Candidate or Candidate's Immediate Family			11(b)
(i) Monetary and Non-Monetary Contributions of \$100 or Less.....	-0-		11(b)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100.....	-0-		11(b)(ii)
(iii) Subtotal (Add Lines 11(b)(i) and 11(b)(ii)).....	-0-		11(b)(iii)
12. Total Contributions (Add Lines 11(a)(iii) and 11(b)(iii)).....	-0-		12
13. Public Funds and Other Receipts.....	-0-		13
14. Loans.....	-0-		14
15. Total Receipts (Add Lines 12 through 14).....	-0-		15
<b>DISBURSEMENTS</b>			
16. Expenditures.....	\$ 25.00		16
17. Loans Repaid or Forgiven.....	-0-		17
18. Unpaid Expenditures Paid or Forgiven.....	-0-		18
19. Subtotal Disbursements (Add Lines 16 through 18).....	-0-		19
20. Unpaid Expenditures.....	-0-		20
21. Total Disbursements (Add Lines 19 and 20).....	\$ 25.00		21

CHECK ONLY ONE BOX  
USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELOW

☐ INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE  
COMMITTEES/POLITICAL PARTIES

☐ CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION

SCHEDULE A  
MONETARY AND NON-MONETARY CONTRIBUTIONS  
CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

*Arvid T. Youngquist*  
*P.O. Box 87649*

PAGE

OF

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR  IF A DEPENDENT MINOR, ENTER NAME OF PARENT	NAME OF EMPLOYER  OCCUPATION	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....

2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total  
to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(ii)).....

Form CC-5(A) (Rev. 5/99)

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on  
Schedule B.

**STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE B  
EXPENDITURES  
CANDIDATE COMMITTEE**

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

*Arvid T. Youngquist*  
*P.O. Box 37542*  
*Honolulu, HI 96837*

PAGE

OF

DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD
7/21/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION <i>State of Hawaii elections office (Satellite office) Honolulu, HI 96813</i>	<i>filing fee</i>	<i>\$25.00</i>
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		

1. SUBTOTAL OF EXPENDITURES THIS PERIOD (This Page)..... *\$25.00*

2. TOTAL EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 16 of the Disclosure Report)..... *\$25.00*

**SCHEDULE C**  
**PUBLIC FUNDS AND OTHER RECEIPTS**  
**CANDIDATE COMMITTEE**

CANDIDATE AND CANDIDATE COMMITTEE NAME:

Arvid T. Youngquist  
P. O. Box 37542  
Honolulu, HI 96837

PAGE

OF

[illegible]

1. SUBTOTAL OF PUBLIC FUNDS AND OTHER RECEIPTS THIS PERIOD (This Page).....

2. TOTAL PUBLIC FUNDS AND OTHER RECEIPTS THIS PERIOD (Last Page Only) (Transfer total to Line Number 13 of the Disclosure Report).....



— ( ) —

ATTACH A COPY OF THE  
EXECUTED LOAN DOCUMENT AT  
THE TIME OF INITIAL DISCLOSURE

STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION

SCHEDULE D  
LOANS  
CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

*Avoid T. Youngquist* PAGE 1 OF 1  
*P.O. Box 37612*  
*Honolulu, HI 96837*

LOAN SOURCE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF LENDER	NAME OF EMPLOYER AND OCCUPATION	AMOUNT OF LOAN AT BEGINNING OF THIS PERIOD	NEW LOAN AMOUNT THIS PERIOD	AMOUNT REPAYED OR FORGIVEN THIS PERIOD	AMOUNT OF LOAN AT CLOSING OF THIS PERIOD
DATE OF LOAN	PURPOSE OF LOAN					
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER					<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER					<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER					<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER					<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER					<input type="checkbox"/> FORGIVEN	

1. SUBTOTAL (This Page).....	<u>00</u>	<u>00</u>	<u>00</u>
2. TOTAL NEW LOANS THIS PERIOD (Last Page Only) (Transfer total to Line Number 14 of the Disclosure Report).....	<u>00</u>		
3. TOTAL LOANS REPAYED OR FORGIVEN THIS PERIOD (Last Page Only) (Transfer total to Line Number 17 of the Disclosure Report).....	<u>00</u>		
4. TOTAL LOANS AT THE CLOSING OF THIS PERIOD (Last Page Only) (Transfer total to Line Number 7 of the Disclosure Report)....	<u>00</u>		

Form CC-5(D) (Rev. 5/99)

If a loan is forgiven, the loan must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven loan does not have to be reported as an "Expenditure" on Schedule B.

**STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE E  
UNPAID EXPENDITURES  
CANDIDATE COMMITTEE**

NOTE: EXPENDITURES ARE CONSIDERED MADE WHEN THE PRODUCT IS DELIVERED OR THE SERVICE IS RENDERED (ACCRUAL METHOD OF ACCOUNTING).

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

*Arvid T. Youngquist*  
*P. O. Box 37542*  
*Honolulu, HI 96837*

PAGE

OF

DATE OF UNPAID EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR	AMOUNT OF UNPAID EXPENDITURE AT BEGINNING OF THIS PERIOD	NEW UNPAID EXPENDITURE AMOUNT THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD	AMOUNT OF UNPAID EXPENDITURE AT CLOSING OF THIS PERIOD
	PURPOSE OF UNPAID EXPENDITURE				
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	

1. SUBTOTAL (This Page).....	— 0 —	— 0 —	— 0 —
2. TOTAL NEW UNPAID EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 20 of the Disclosure Report).....	— 0 —	— 0 —	— 0 —
3. TOTAL UNPAID EXPENDITURES PAID OR FORGIVEN THIS PERIOD (Last Page Only) (Transfer total to Line Number 18 of the Disclosure Report).....	— 0 —	— 0 —	— 0 —
4. TOTAL UNPAID EXPENDITURES AT THE CLOSING OF THIS PERIOD (Last Page Only) (Transfer total to Line Number 8 of the Disclosure Report).....	— 0 —	— 0 —	— 0 —

Form CC-5(E) (Rev. 5/99)

If an unpaid expenditure is forgiven, the unpaid expenditure must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven unpaid expenditure does not have to be reported as an "Expenditure" on Schedule B.

**STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION**

**LATE CONTRIBUTIONS REPORT  
CANDIDATE COMMITTEE**

The Late Contributions Report is to be used to report all contributions aggregating more than \$500 that are received within the period of fifteen calendar days through four calendar days prior to a primary, special primary, general, or special general election. The report is required to be filed no later than 4:30 p.m., three calendar days prior to the election.

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

*Arold T. Youngquist*  
P.O. Box 37542  
Honolulu, HI 96837

DATE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION	AGGREGATE CONTRIBUTION
	PURPOSE TO WHICH THE CONTRIBUTION WILL BE APPLIED	OCCUPATION		
			— 0 —	— 0 —
			— 0 —	— 0 —



STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION

ACQUISITION OF DURABLE ASSETS  
CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

*Arold T. Youngquist*  
*P.O. Box 37543*  
*Honolulu, HI 96837*

ACQUISITION OF ASSETS

The purchase or lease of an asset must also be reported as an "Expenditure" on Schedule B.

DATE OF ACQUISITION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR OR DONOR	DESCRIPTION OF ASSET	ACQUISITION COST OR FAIR MARKET VALUE OF ASSET

All Durable Assets must be reported until all assets have been sold or disposed of accordingly.

**STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION**

**DISPOSITION OF DURABLE ASSETS  
CANDIDATE COMMITTEE**

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

*Arvid T. Youngquist*  
P.O. Box 37542  
Honolulu, HI 96837

**DISPOSITION OF ASSETS**

The sale of an asset must also be reported as an "Other Receipt" on Schedule C.

DATE OF DISPOSITION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF ENTITY ACQUIRING THE ASSET	DESCRIPTION OF ASSET	SALE PRICE OR FAIR MARKET VALUE OF ASSET	METHOD OF DISPOSITION
			— 0 —	<input type="checkbox"/> SOLD <input type="checkbox"/> DISPOSED <input type="checkbox"/> DONATED <input type="checkbox"/> TRADE-IN
				<input type="checkbox"/> SOLD <input type="checkbox"/> DISPOSED <input type="checkbox"/> DONATED <input type="checkbox"/> TRADE-IN
				<input type="checkbox"/> SOLD <input type="checkbox"/> DISPOSED <input type="checkbox"/> DONATED <input type="checkbox"/> TRADE-IN
				<input type="checkbox"/> SOLD <input type="checkbox"/> DISPOSED <input type="checkbox"/> DONATED <input type="checkbox"/> TRADE-IN
				<input type="checkbox"/> SOLD <input type="checkbox"/> DISPOSED <input type="checkbox"/> DONATED <input type="checkbox"/> TRADE-IN
				<input type="checkbox"/> SOLD <input type="checkbox"/> DISPOSED <input type="checkbox"/> DONATED <input type="checkbox"/> TRADE-IN
				<input type="checkbox"/> SOLD <input type="checkbox"/> DISPOSED <input type="checkbox"/> DONATED <input type="checkbox"/> TRADE-IN
			— 0 —	<input type="checkbox"/> SOLD <input type="checkbox"/> DISPOSED <input type="checkbox"/> DONATED <input type="checkbox"/> TRADE-IN

STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION

NOTICE OF INTENT TO HOLD A FUNDRAISER  
CANDIDATE COMMITTEE

Fundraisers in Section 11-203, Hawaii Revised Statutes, "mean any function held for the benefit of a person that is intended or designed, directly or indirectly, to raise funds for political purposes for which the price or suggested contribution for attending the function is more than \$25 per person.

This section requires that "no fundraiser shall be held unless a notice of intent to hold a fundraiser is filed with the Commission prior to the date of the function."

Candidate Name: ARVID TADAS YOUNGQUIST Office Sought: OHA At Large

Person in Charge of Fundraiser: NA Phone: NA

Address of Person in Charge: NA

Date of Fundraiser: NA Time: NA

Location of Fundraiser: NA

Price or Suggested Contribution Per Person: NA

Will contributions be solicited at the fundraiser? ☐ Yes ☒ No

If yes, method of solicitation: NA

I hereby certify that the information on this report is true, correct and complete to the best of my knowledge.

I do not intend to hold a fund-raiser.

Arvid T. Youngquist 11-13-06 Arvid T. Youngquist 11-13-06  
Candidate Date Person in Charge Date

Arvid T. Youngquist  
P.O. Box 37542  
Honolulu, HI 96837